Gloucestershire County Council.

ANNUAL REPORT
of the County Medical Officer of Health
for the year 1943.

LANGHAM HOUSE,
BERKELEY STREET,
GLOUCESTER,

June, 1944.

To the Chairman and Members of the Public Health Committee.

MISS RATCLIFF, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the health of the County for the year 1943.

In accordance with war-time practice, the report is abbreviated and contains essential information only as to the health services provided, with a brief outline of work undertaken and a short commentary on various matters connected with the health of the population.

Vital Statistics.

The death rate is 12.1 which is a slight increase on last year when the figure was 11.8 but the birth rate again shows an increase from 18.1 last year to 18.7. The infantile mortality rate is 40 per 1,000 live births as compared with 38 in 1942, but compares very favourably with the rate for the country as a whole, which is 49.

The minor fluctuations in the death rate and infantile mortality rate do not indicate any deterioration in the health and welfare of the population, and, in so far as these figures can be used as an index, conditions may be said to remain satisfactory.

Infectious Diseases.

The number of cases of Diphtheria reported is 347 as compared with 274 in 1942, notwithstanding the vigorous pursuit of immunisation amongst the child population. The number of children immunised against Diphtheria at the end of 1943 was 52,894 which was an increase of 9,343 during the year. This work continues both at Schools and at Child Welfare Centres and the percentage of children immunised is almost 75. The number of cases of Scarlet Fever notified was 1,205 as compared with 699 in 1942 and Measles was also very prevalent in the early part of the year.

There was some decrease in the number of cases of Scabies reported from Schools, the figure being 947 as compared with 1,007 last year. All cases discovered at School are notified to the District Medical Officer of Health to enable him to visit the homes and deal, where necessary, with infected households. Treatment is undertaken at Minor Ailment Clinics and at Sick Bays and the Civil Defence Cleansing Stations are available where necessary.

Maternity Services.

The resources of the County for maternity work were subject to serious strain during the year owing to a further increase in the number of births and of admissions to hospital with a concurrent acute shortage of midwives both for domiciliary and hospital work.

In the early part of the year the Bristol Authority gave notice that it would not be possible, owing to increased calls from residents in the City, to admit patients from the County to Southmead Hospital unless there was some abnormality present requiring hospital treatment. This left some two hundred normal maternity cases per annum from unsuitable homes with no possibility of being admitted to hospital for confinement. To meet this need the County Council decided to purchase a property at Downend and adapt it for use as a Maternity Home for normal cases. Owing to shortage of labour and materials and delays and difficulties in obtaining the necessary equipment the Home was not open by the end of the year and in fact is only now (in June 1944) nearing completion. During the interval many patients have had to be refused admission to hospital or transported long distances to Cheltenham and Gloucester.

The acute shortage of midwives gave rise to serious difficulties in maintaining the work of Maternity Homes and Hospitals, and it was found necessary at the County Maternity Home at Tetbury to reduce the number of beds available from sixteen to twelve owing to staff shortages. In other Homes and Hospitals the ratio of patients to midwives available gave rise to great anxiety as to the standard of care which could be afforded, but patients had to continue to be admitted owing to lack of provision for confinement in their own homes. Fortunately no untoward consequences of a serious nature arose, but the conditions prevailing in the institutions left much to be desired and the staffs were forced to work day and night with little rest and less prospect of relief being afforded. On one or two occasions of crisis it was necessary to borrow midwives for a few days from factories where they were working as general nurses, and to transfer health visitors from their normal work to Maternity Homes.

The registration of nurses and midwives and their consequent direction into hospitals and homes has now eased the situation, but the midwives who faced the difficulties during the long interval are deserving of the highest praise for their devotion to duty in the most trying conditions.

In order to relieve the congestion in hospitals every effort was made to secure the services of " Home Helps " for patients whose home surroundings were good but who had no one to look after them or the household during confinement. Here again, the present strain on woman power has made itself evident and the supply of suitable women available on either a part-time or whole-time basis proved to be small. It has now been possible to secure a number of home helps and these are used to the best advantage, but in scattered rural areas a home help scheme is better in theory than in practice, this being particularly the case where women have not in the past gone out to work and do not react favourably to the idea of a stranger taking control of their home during the period of confinement.

An unfortunate and increasing branch of the maternity services is the care of unmarried expectant and nursing mothers and their children. The County Council has always co-operated with the Diocesan Associations for Moral Welfare in the County and, where necessary, assumed responsibility for the costs of confinement and half the costs of maintenance before and after confinement in hostels administered by the Associations. The Ministry of Health suggested to local authorities last year that direct responsibility for these cases should be assumed by local authorities and social workers should be appointed to visit, advise and help unmarried expectant mothers. The arrangement, therefore, with the Diocesan Associations at Gloucester and Bristol was extended to deal with all such cases in the County, and a grant was made to the Associations for the services of their social workers. It was felt that by this means full advantage could be taken of existing facilities and the possibility of overlapping by the appointment of a special social worker avoided. The officers of the Associations report to the County Medical Officer on all cases dealt with and patients brought to the notice of the Health Department are referred to the Associations for investigation and assistance. This scheme, which includes provision for the guarantee of the payment of a fee to foster mothers where necessary is working very satisfactorily.

Cancer.

The primary object of the Cancer Act, 1939, as I pointed out in my Annual Report of last year, is the establishment of a service to provide facilities for the diagnosis and treatment of cancer for all who are, or are suspected to be, suffering from the disease, and the duty of making the necessary arrangements devolves upon County and County Borough Councils. These local authorities were to have submitted schemes in 1940, but as a result of the war the time was extended from year to year until the present year, but recently the Ministry of Health asked for interim schemes to be formulated.

It is considered that, to provide highly specialised treatment by radiotherapy, schemes should be based upon a centre providing for a population of approximately two millions and for this purpose it is necessary for local authorities in suitable areas to arrange for combined or similar schemes with a common Cancer Treatment Centre. With this end in view conferences between representatives of the Counties of Somerset, Wiltshire and Gloucestershire and the County Boroughs of Bristol, Bath and Gloucester have been held to try to formulate uniform schemes centred for radiotherapeutic purposes upon the Cancer Treatment Centre at the Bristol Royal Hospital. Rapid progress was made and it was possible in June 1943 for the Public Health Committee to approve for submission to the Ministry of Health a scheme for the County which provides, by agreement with the Governing Bodies of the Bristol Royal Hospital, the Southmead Hospital, the Gloucestershire Royal Infirmary and the Cheltenham General Hospital, treatment and, where necessary, in-patient accommodation for all persons in the County who are suffering from Cancer.

It has not been possible, as yet, to implement the scheme, since the Minister of Health is not prepared to give formal approval to interim schemes until a joint approach is made by the various local authorities concerned. Further conferences are being held and it is hoped that a joint scheme will shortly be submitted.

In the meantime, arrangements have been made for representatives of the local authorities to be appointed to the Radiological Sub-Committee of the Bristol Royal Hospital.

Venereal Diseases.

There has again been an increase in the number of patients attending Venereal Diseases clinics in the County. The total number of cases treated was 270 in comparison with 251 in 1942.

Details of preventive measures taken during the year and of further facilities for treatment are outlined in a special paragraph of the report.

Tuberculosis.

The number of cases of Tuberculosis notified during the year was 386 in comparison with 344 in the previous year. Of these 292 were pulmonary tuberculosis and 94 other forms. The following table sets out the notifications over the past five years :—

	Pulmonary.	*Other Forms*	*Total*
1939	245	132	377
1940	294	113	407
1941	308	97	405
1942	256	88	344
1943	292	94	386

It will be noted that there has been an increase in the number of notifications, and the deaths from pulmonary tuberculosis have increased from 156 last year to 176 this year.

Hospitals.

The responsibilities of the Public Health Committee for the treatment of patients in general hospitals were extended during the year by arrangements made for the use of beds for County patients at the City General Hospital, Gloucester, and by the allocation of certain beds at the Cheltenham Emergency Hospital for patients admitted under the Public Health Acts.

The former arrangement was made in consultation with the authorities of the Gloucestershire Royal Infirmary and the Gloucester City Council and enables patients from the County to be admitted direct to the City General Hospital upon the authority of the County Medical Officer. Responsibility for maintenance costs is assumed by the County Council and in the case of subscribers to the Royal Infirmary a fixed contribution per week is made by the hospital authorities towards the cost. This arrangement is working most satisfactorily and is an excellent example of close co-operation between the local authority and the voluntary hospital with consequent benefit to the patient.

In the case of Cheltenham discussions took place between the Public Health Committee and the Public Assistance Committee as to the allocation of beds for general cases at the Emergency Hospital which is an up-graded Public Assistance Institution and has been provided with facilities for surgical and other work since the commencement of the war. It was agreed that certain wards at the Institution should be used for the admission of patients requiring active medical and nursing care and that the arrangements for admission would be made by the County Medical Officer on behalf of the Public Health Committee. In order to relieve the waiting lists at the Cheltenham General Hospital patients are admitted to the Emergency Hospital from the waiting list and the beds are also available for emergency cases requiring immediate hospital treatment. A Joint Committee of representatives of the Public Health Committee and of the Board of Management of the General Hospital has been appointed to deal with matters arising from the new arrangement. The consulting medical and surgical staffs of the General Hospital work at the Emergency Hospital and rotas of duty and admission arrangements have been made to coincide at both hospitals. A similar scheme to that at Gloucester for contribution towards maintenance costs of subscribers to the voluntary hospital, who are treated at the local authority hospital, has been put into effect.

The result of these arrangements in both Gloucester and Cheltenham has been that the beds in the local authority hospitals are freely available to the public, whether subscribers to voluntary hospitals or otherwise, and there is the closest possible co-operation in the admission and treatment of patients in both types of hospital. Many difficulties had to be overcome in attaining this very desirable object, and misunderstandings prolonged negotiations and discussions, but the result has been well worth while. Developments along similar lines in the future, with much consequent advantage to the public, should be much easier now that the beneficial results are apparent.

Much thought has been given to the planning of the future hospital services of the County, and early in 1943 a conference of representatives of voluntary hospitals and local authorities was held and a Joint Consultative Hospitals' Committee established. Voluntary Hospitals, the Medical Profession, the County Nursing Association, the contributory schemes and local authorities are all represented.

This Committee considered a report by the County Medical Officer on the hospital services with suggestions for their future, and produced a plan for post-war re-organisation which was agreed by all the authorities concerned, and placed before the Surveyors of the Ministry of Health when they visited the area. The plan which proposes the establishment of a Hospital Centre in the County will ensure the development of hospitals on a co-ordinated basis and will provide a system for the whole area adequate to meet the needs of the public for general medical and surgical, maternity and children's services, with provision for certain specialised forms of treatment and is capable of being linked to a scheme for a wider area.

A National Health Service.

Although the Government White Paper on a National Health Service was not published until early in 1944 and therefore strictly speaking is not a matter for comment in a report for the year 1943, the fact that criticism is invited makes it desirable to offer some comments on the proposals.

The White Paper has been considered by the Public Health Committee, and certain resolutions have been forwarded to the County Councils' Association on the proposed administrative machinery of the National Health Service, since drastic alterations are contemplated in the powers and responsibilities of major local authorities.

The Government state they have been anxious to interfere as little as possible with the shape of local government and have set out to base the new service as far as possible on the existing major local authorities, County and County Borough Councils, but the requirements of the service will demand for certain purposes larger areas of operation or planning than the present Counties and County Boroughs can usually provide, and for these purposes it will be necessary for Counties and County Boroughs to act in combination as Joint Authorities.

The new joint authority will be charged with the responsibility of examining the needs of the area from the point of view of the health service as a whole, and will have the duty of producing, in consultation with the local authorities and others concerned, a plan for a related service of all kinds. The existing powers of local authorities in relation to hospital services, including maternity hospitals, tuberculosis, infectious diseases and mental health will pass to the joint authorities, together with the existing hospitals and other institutions concerned. Tuberculosis dispensaries, mental clinics and cancer diagnostic centres will also become the responsibility of the Joint Authority.

The remaining services which are referred to by the Government as local, *i.e.* clinics and domiciliary services, together with provision and maintenance of health centres will continue to be the responsibility of County and County Borough Councils.

The local administrative machinery, therefore, for the new service will comprise a Joint Health Authority to examine the general health needs of the area, to prepare and submit a plan for *all* the services to the Minister, and to provide hospital and consultant services for the whole area, including maternity, tuberculosis, infectious diseases, mental and cancer services. The Joint Authority will become the owners of all local authority hospitals and will be the planning authority for the local services. The constituent local authorities will be left with the responsibility for Child Welfare Centres, school medical inspection, local clinics, domiciliary midwifery and home nursing, and they will provide and maintain the new Health Centres where group practice in some form will be undertaken.

It will be obvious that the new organisation of the health services of the country will differ radically from the present system, and whilst it may be agreed that it is desirable to plan health services over wide areas it does not necessarily follow that executive functions must also be undertaken by bodies planning for the areas. It is suggested that the object to be attained, *i.e.* the co-ordination and development of the health services on the broadest possible basis, taking into account the natural trend to hospitals of populations without regard to local government boundaries and the closest linking of domiciliary and out-patient services with those of hospitals, will be best achieved by making the Joint Health Authority a planning authority only and leaving the executive responsibility to County and County Borough Councils.

If the administrative proposals of the Government are adopted, there will be in every County three executive health authorities, the Joint Health Authority, the County Council and the District Council, each with statutory duties in connection with health. There will be a complete cleavage between hospital and in-patient services on the one hand and domiciliary and out-patient services on the other, with environmental services, housing, water supplies and sewage disposal having no more connection with personal health matters than is the case to-day. However well the services may be planned, if the day to day working is conducted on a basis of separate administrative units, the essential unity and complete co-ordination which is so necessary for prevention and continuity in treatment will not be attained.

Those who are concerned with the administration of health services in Counties, and who realise the overlapping between local authorities at present responsible, cannot but view with profound misgiving the proposed introduction of a third authority with its possibilities of further confusion and increasing departmentalism. The establishment of wide areas of administration in the form proposed will be unsound in practice and will still further accentuate the cleavage between prevention and treatment, between the general practitioner and the consultant, and between the domiciliary services and the hospital.

If the Joint Health Authority is restricted to the preparation of plans and the Government have powers to ensure that the plans are put into effect by constituent authorities, there is no reason why major local authorities should not administer the services with advantage to the patient, the doctor and the public. The arrangements made over wide areas for the administration of the Cancer Act demonstrate that plans can be made by local authorities in consultation and become effective by local administration. In this area three Counties and three County Boroughs have been able to formulate a joint scheme in consultation and each will administer the Act in its own area in accordance with the plans made.

Apart from the undesirability of the proposals from the strictly medical point of view, there are objections to the establishment of a Joint Statutory Authority for a single purpose over a certain area, when other forms of local government reform are pending. The suggestion that after a period of time, when full reform of local government is undertaken, the Joint Health Authorities may be dissolved does not inspire confidence in their growth and development as useful assets in the life of the community.

There are many other features of the proposals in the White Paper which will alter the constitution of the health and medical services of the country, but the suggested method of local administration is one of prime importance to local authorities and to the public and should be widely known in order that opinion may be formed.

Conclusion.

The year has been one of difficulties encountered and overcome, not without much strain on the nervous and physical conditions of the staffs of hospitals, institutions and the health department. It is a matter for satisfaction, however, that the vital statistics, returns of infectious diseases and results of medical inspections at schools and child welfare centres still indicate a reasonable standard of health of the people in this fifth year of the war.

I have the honour to be,

Your obedient servant,

H. KENNETH COWAN,

County Medical Officer of Health.

STAFF.

County Medical Officer of Health and School Medical Officer—

H. Kenneth Cowan, M.D., D.P.H.

Deputy County Medical Officer of Health and Deputy School Medical Officer—

J. S. Cookson, M.A., M.D., D.P.H., Barrister-at-Law.

Maternity and Child Welfare Medical Officer—

E. Catherine Morris Jones, M.B., B.S., D.P.H.

Tuberculosis Officers (jointly with City of Gloucester)—

W. Arnott Dickson, M.D., M.R.C.P., F.R.C.S., D.P.H.
(also Medical Superintendent of Standish House Sanatorium).

E. D. D. Davies, M.R.C.S., L.R.C.P., D.P.H.

F. H. Woolley, M.R.C.S., L.R.C.P., L.D.S.

Assistant County Medical Officers—

Violet E. Cole, M.R.C.S., L.R.C.P. (appointed 18–10–43) (temporary).

Robin Freeland, M.B., Ch.B., D.P.H. (appointed 18–1–43) (resigned 31–8–43) (temporary).

Isabel R. Gordon, M.B., Ch.B., D.P.H.

Catherine E. Hignell, M.R.C.S., L.R.C.P. (temporary).
Phyllis Bowen, M.R.C.S., L.R.C.P., D.P.H. (temporary).
Enid M. Clow, M.B., Ch.B., D.P.H. (temporary) (called up for H.M. Forces 13–2–43).
†S. Knight, M.B., B.S., D.P.H.
†M. L. Sutcliffe, M.R.C.S., L.R.C.P., D.P.H.
N. D. Dunscombe, M.B., Ch.B., M.R.C.S., D.P.H.
J. H. Kitson, M.B., Ch.B., M.R.C.S., D.P.H.
} Also District Medical Officers of Health.

Senior Dental Officer—

J. Fletcher, L.D.S., R.C.S.Eng.

Assistant Dental Officers—

Mary M. Clerke, B.D.S. (resigned 31–3–43).
B. F. Wren, L.D.S.
H. B. Wilson, L.D.S. (appointed 1–4–43).
†D. A. Thomas, L.D.S.
Muriel S. Cosh, B.D.S.
A. A. Wood, L.D.S. (resigned 5–4–43).

County Sanitary Inspectors—

†B. J. Dodsworth, C.R.S.I., M.S.I.A.
S. B. J. Davies, A.R.San.I., M.S.I.A. (temporary).

Milk Sampling Officers—

†F. W. Gooderham.
†J. I. Duberley, N.D.A.
Joyce Worlock (temporary) (resigned 22–11–43).
Kathleen M. Walkley (temporary).
Edna M. Richardson (temporary).
Irene M. Bleakin (temporary) (appointed 22–11–43).

Health Visitors and School Nurses—

Miss E. N. Doran (Supt.) (appointed 1–2–43)
Miss M. A. Bach.
Mrs V. M. Bauser (retired 31–7–43).
Miss W. M. Beckensall (resigned 13–11–43).
Miss M. E. George (appointed 1–2–43).
Miss E. V. Howse.
Mrs I. V. Ladd.
Miss M. S. Payne.
Miss S. M. Palmer (appointed 11–10–43).
Miss N. Rosser.
Miss M. S. Scott (appointed 10–5–43).
Miss A. Somerfield.
Miss D. G. Stephenson (appointed 3–5–43).
Miss E. A. Sumption Jones (appointed 28–6–43).
Mrs P. E. Watkins.
Mrs L. Wright.
Mrs N. Turner.
Miss C. R. Wheeler (resigned 19–6–43)

District Nurses—101 (part-time).

Orthopædic After-care Sisters—

Miss D. A. Rodenhurst.
Miss D. Hough (resigned 31–7–43).
Miss A. Nicholas (appointed 30–6–43).
Miss J. W. Storer.

Dental Attendants—

MISS W. FREEMAN.
MRS E. M. HENCHLEY (appointed 1–11–43) (temporary).
MISS M. HUNT.
MISS A. G. POWELL (resigned 31–1–43).
MISS W. H. ROBERTS (retired 4–10–43).
MISS W. G. STEPHENS.

Civil Nursing Reserve Organiser—

MISS J. B. PARKER.

† Absent on Service with H.M. Forces.

REPORT.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area (in acres) :—		
Urban		24,179
Rural		749,821
		774,000
Population :—		
Registrar-General's Estimate, mid-1943—		
Urban	135,800	
Rural	262,400	
		398,200
Census, 1931—		
Urban	108,662	
Rural	222,037	
		330,699
Rateable Value		£2,066,380
Sum represented by a penny rate		£8,100
Extract from Vital Statistics of the year (whole County) :—		
Live Births—Legitimate		6,963
Illegitimate		465
		7,428
Birth Rate per 1,000 of population		18.7
Still Births—203. Rate per 1,000 total Births		29.1
Deaths—4,818. Death Rate		12.1
Deaths from Puerperal causes :—		
Puerperal sepsis		2
Other puerperal causes		12
		14

Death Rate of Infants under one year of age :—

All infants, per 1,000 live births	40
Legitimate infants, per 1,000 legitimate live births	38
Illegitimate infants, per 1,000 illegitimate live births	65

Deaths from :—

Cancer (all ages)	679
Measles (all ages)	5
Whooping Cough (all ages)	8
Diarrhoea (under 2 years of age)	14

1. *Birth Rate.*

The Birth Rate for the year 1943 is 18.7 per 1,000 of the population, as compared with 18.1 in 1942.

The following table shows the comparative figures for the past five years :—

	1939	1940	1941	1942	1943
Urban	15.8	16.6	15.1	17.1	18.5
Rural	16.5	15.8	15.9	18.7	18.7
Administrative County	16.3	16.1	15.6	18.1	18.7
England and Wales	15.0	14.0	14.2	15.8	16.5

2. *Death Rate.*

The Death Rate for the year is 12.1 as compared with a rate of 11.8 last year.

The total number of deaths in the County during 1943 was 4,818 and the seven chief causes of death with the corresponding percentage of total deaths, was as follows :—

Heart Disease	27.71
Cancer (all sites)	14.09
Intracranial Vascular lesions	9.82
Bronchitis	4.92
Tuberculosis (all forms)	4.65
Pneumonia	4.48
Violence	3.67

Table of the seven chief causes of death :—

The seven chief causes of death.	Urban		Rural		Whole County		Percentage of total deaths		
	No.	Rate	No.	Rate	No.	Rate	U	R	Whole County
Heart Disease	492	3.62	843	3.21	1335	3.35	27.30	27.95	27.71
Cancer—all sites	262	1.93	417	1.59	679	1.71	14.54	13.82	14.09
Intracranial Vascular lesions	178	1.31	295	1.12	473	1.19	9.88	9.78	9.82
Bronchitis	92	.68	145	.55	237	.59	5.11	4.81	4.92
Tuberculosis—all forms	73	.54	151	.58	224	.56	4.05	5.01	4.65
Pneumonia	72	.53	144	.55	216	.54	4.00	4.80	4.48
Violence	60	.44	117	.45	177	.44	3.33	3.88	3.67

3. *Infantile Mortality.*

The Infant Mortality Rate for the County for 1943 is 40 as compared with 38 last year. The rate for England and Wales for the same period is 49.

Year	Urban		Rural		Whole County		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1938	69	39	181	49	250	46	53
1939	75	39	174	45	249	43	50
1940	104	50	178	45	282	47	55
1941	112	47	224	49	336	48	59
1942	95	40	185	37	280	38	49
1943	104	41	190	39	294	40	49

MATERNITY AND CHILD WELFARE SERVICES.

(*a*) *Midwifery.*

During the year 281 midwives notified their intention to practise in the County; 18 were employed in County Council institutions, 193 by Voluntary Associations and 70 in private or hospital practice. Of these, 269 were resident in the County and 12 live outside the County boundary.

Reference has been made in a previous paragraph to the shortage of midwives, and great difficulty was experienced by the officers of the County Nursing Association in keeping all districts fully staffed. At one time the deficiency in domiciliary midwives amounted to seventeen which strained the resources of the Association to the utmost. The County Council is indebted to the County and District Nursing Associations and to the midwives themselves for their excellent response to the calls made upon them in very trying circumstances.

(*b*) *Ante-natal and Post-natal Examinations.*

The ante-natal services provided by the local authority through general practitioners and ante-natal clinics continue successfully, but the use made of facilities for post-natal examination could be improved. Close liaison exists between doctors and midwives in the County and the hospital authorities in the provision of information as to the ante-natal condition of patients admitted to hospital.

(*c*) *Maternity Hospitals.*

The number of women admitted to Maternity Hospitals during the year under County arrangements was 1,644. Of these, 199 were dealt with at the Cotswold Maternity Home, Tetbury.

(*d*) *Child Welfare Services.*

The number of Child Welfare Centres in the County is 66. The following is a summary of the visits made by Health Visitors during the year :—

To children under one year of age—

First visits .. 5,856
Total visits .. 36,124

To children between one and five years—

Total visits .. 54,636

VENEREAL DISEASES.

The following table shows the number of new cases of venereal disease attending clinics in the County during the past five years :—

	Syphilis.	*Gonorrhoea.*	*Total.*	*Not V.D.*
1939	53	140	193	39
1940	60	125	185	44
1941	69	155	224	91
1942	84	167	251	99
1943	94	176	270	246

There has been a steady increase in the number of cases over the past three years, but during 1943 the numbers of persons who attended clinics and were found not to be suffering from venereal disease showed a marked increase which would appear to coincide with the national publicity campaign and local intensified propaganda.

In the Spring of 1943 the Central Council for Health Education on the invitation and at the expense of the County Council carried out a publicity and educational campaign at various centres and in factories. Talks were given and films shown to audiences of men and women and literature was distributed. As a result many factories obtained posters and other publicity material and followed up the campaign with individual efforts.

Posters were distributed to local authorities, hospitals and other centres in the County, and metal plaques purchased for display in public conveniences.

An additional clinic was opened at Cirencester during the year with sessions at appropriate times for the treatment of men and women.

Owing to the relatively few cases notified under the Defence (General) Regulations in which it was possible, on the receipt of two notices to take action, the Public Health Committee have given consideration to the question of informal action on the receipt of one notification. They have been advised by the Ministry of Health that informal action is permissible under certain conditions and cases are now followed up, where identity has been established, on the receipt of one notice. The County Council decided to authorise the appointment of a Social Worker to follow up patients from clinics, to offer help and advice in appropriate cases and to deal with defaulters and this officer took up duty early in 1944.

All these measures are designed to prevent the spread of venereal diseases, by education, by the control of sufferers and by the provision of facilities for early treatment. It must again, however, be emphasised that the responsibility of the local authority is to deal with these conditions as a health problem and their propaganda is mainly concerned with dangers to health.

CIVIL DEFENCE.

(a) C.D. Rescue Service.

A large proportion of the time of the department is taken up with matters concerned with Civil Defence and during the year, as a result of the amalgamation of the Rescue and First Aid Party Services, the new C.D. Rescue Service became a responsibility of the health department. This created a volume of detailed work, both during the process of fusion of these services and in the day to day administration of the Rescue Service.

(b) First Aid Service.

No major alterations in the system of static and mobile first aid services took place during the year. Exercises have been held which have disclosed a reasonably good standard of efficiency. Training, both collective and individual, continues regularly to maintain and improve this standard.

(*c*) *Hospitals.*

The hospitals in the County have dealt with patients eligible for treatment under Emergency Medical Service arrangements, and minor improvements and developments have taken place. All hospitals are available for the reception of casualties at short notice.

(*d*) *Casualty Bureau,*

The combined Casualty Bureau for the City and County continues to deal with all patients admitted to hospitals under E.M.S. arrangements and is responsible for the preparation of bed states as required.

(*e*) *Other War-time Services.*

Parties of expectant mothers from evacuation areas continue to be received at ante-natal hostels and at the Emergency Maternity Home. Ante-natal clinics at the Hostel and Home are conducted by the Resident Obstetric Surgeon and for women billeted in the County the ordinary County arrangements are available.

Medical and administrative responsibility for additional residential nurseries was undertaken during the year. Regular supervision of the nurseries is undertaken by a Medical Officer and routine medical examination of the children is carried out at periodic intervals.

Further War-time Day Nurseries for the care of the children of women on essential work have been established. These nurseries are also under the continuous supervision of a Medical Officer, and provision is made not only for the physical welfare of the children, but for training and education by the employment of teachers and supervisors with special experience.

The provision of both Residential and Day Nurseries has become an important feature of the work of the department, and much time is spent by the staff in dealing with their problems. They have proved their value as a war-time measure and the lessons learned will have a useful peace-time application.